

### Certificate of Death

Date 1945

Female

Wife

## Father's

Name \_\_\_\_\_

Cause of

## Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y



D.

Native of

Occupation

Age

White

~~Married~~

Widow

Divorced

Colored

Single

~~Widower~~

Number of children living

Mother's

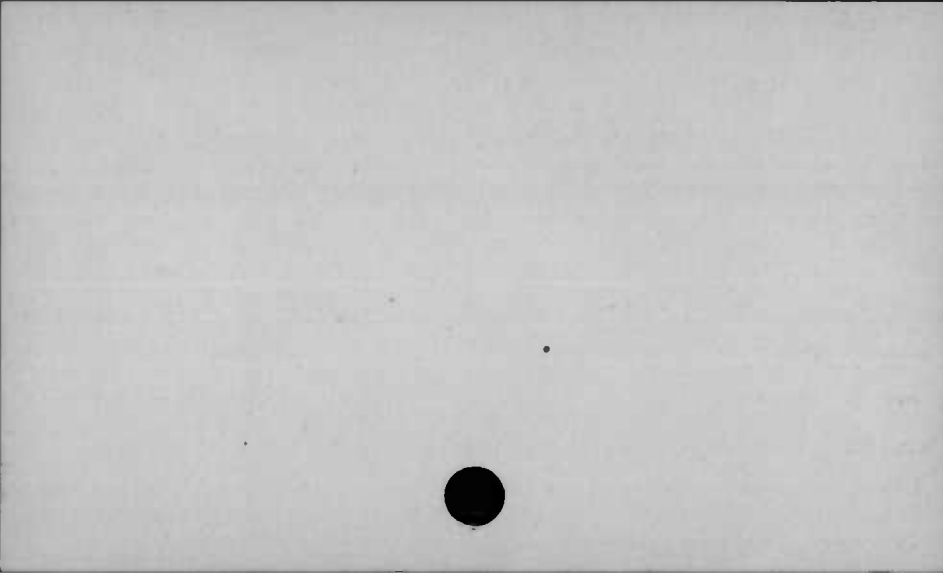
Maiden Name

How long sick

## Accident, Suicide, Homicide

154

LIBRARY BUREAU, 79895



Name

in-  
full

Henry D. Bookman

## CERTIFICATE OF DEATH

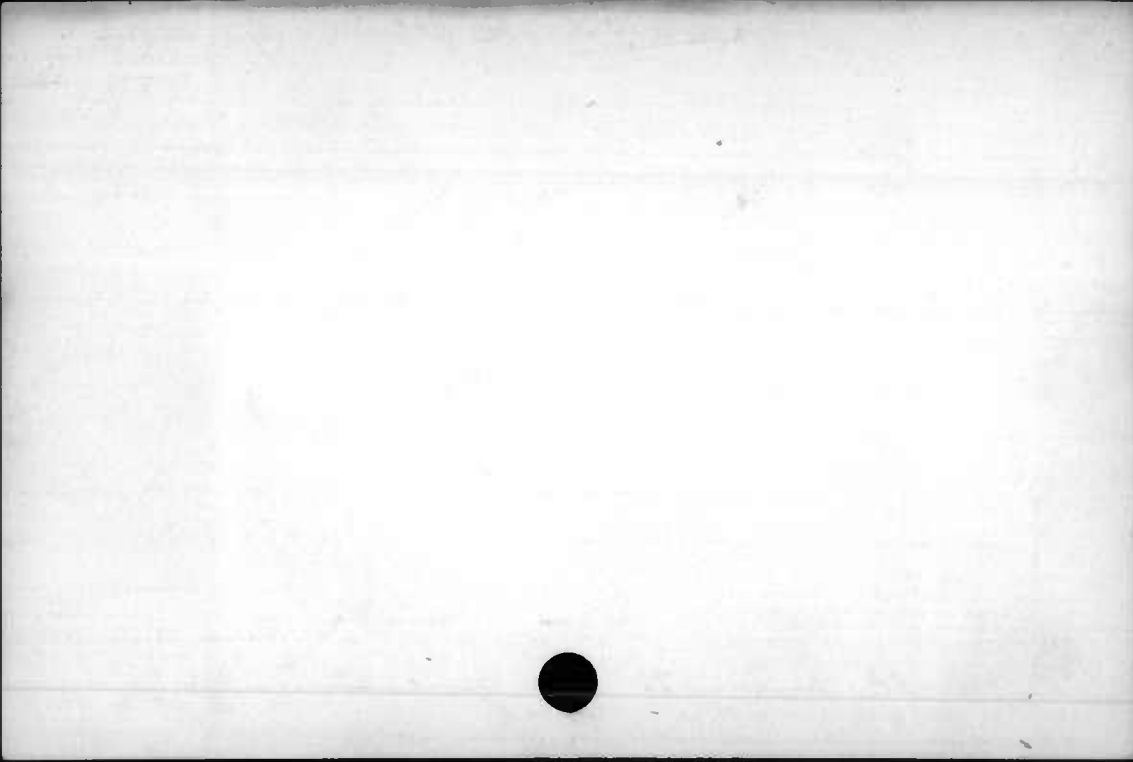
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |  |                  |      |               |    |                         |    |
|-----------------------------------|--|------------------|------|---------------|----|-------------------------|----|
| Died at                           |  | Town             |      | County        |    | MARYLAND                |    |
| Date of death 190                 |  | 5                | June | Day           | 28 | Age                     | 76 |
| Sex                               |  | Male             |      | Color or Race |    | German                  |    |
| Married, Single or Widowed        |  | Widowed          |      | Occupation    |    | Harness Maker           |    |
| Name of Wife or Husband           |  | Henry D. Bookman |      |               |    |                         |    |
| Father's Name                     |  | Geo. Bookman     |      |               |    | Father's Birthplace     |    |
| Mother's Maiden Name              |  | Mary Ford        |      |               |    | Mother's Birthplace     |    |
| Name of person giving information |  |                  |      |               |    | How related to deceased |    |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                                     |                        |                |
|--|-------------------------------------|------------------------|----------------|
| Primary  | Complication of Diseases & Senility |                        | How long       |
| Immediate  |                                     |                        | How long       |
| Are the name, age, sex, color, date and place correctly given above? |                                     | Signature of Physician | Saml. F. Levin |
|  |                                     | Address                | Heghland Md    |
| Accident or Suicide?   |                                     |                        |                |



Name in Full

Certificate of Death

Died at

Date 1905

~~Male~~

Female

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

~~Single~~~~Widow~~~~Widower~~~~Divorced~~

Number of children living

Mother's

Maiden Name

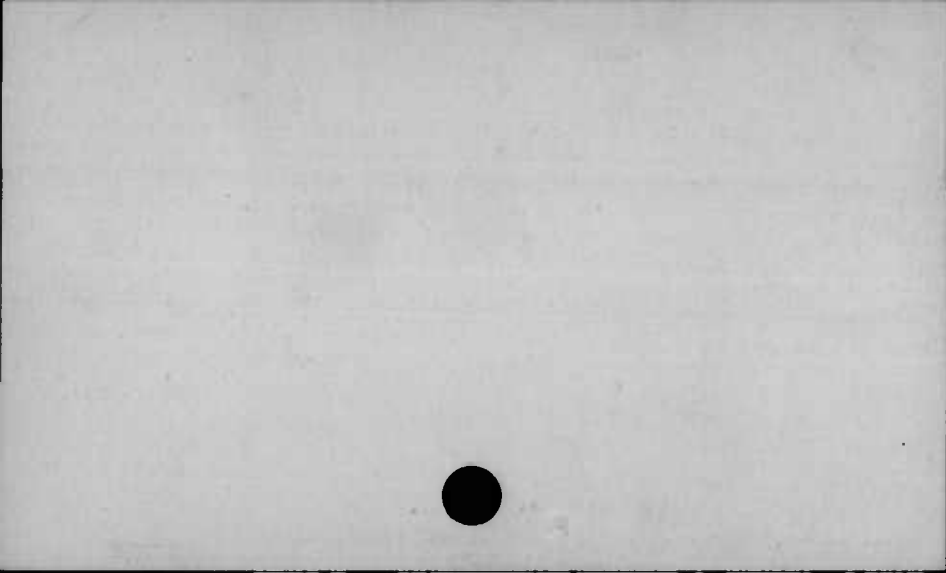
How long sick

Primary

Immediate

Accident, Suicide, Homicide

LIBRARY BUREAU, 79898



Name  
in  
Full

William Winchester Donaldson

## CERTIFICATE OF DEATH

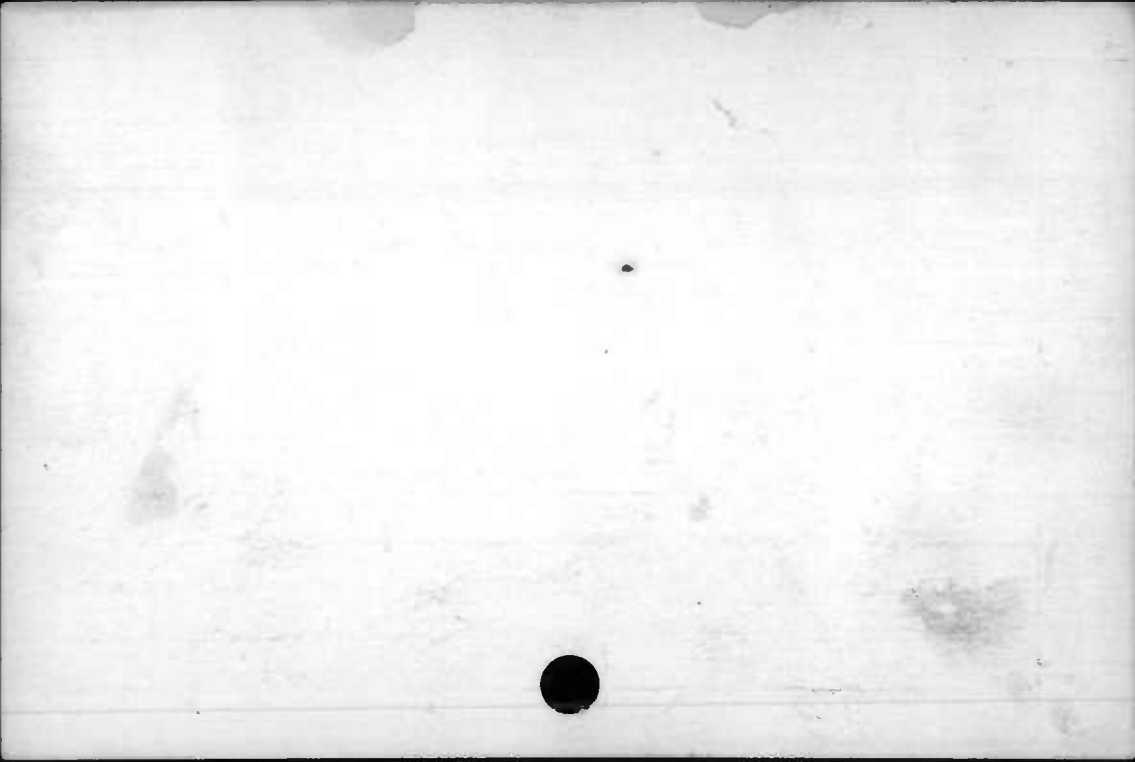
TO BE ANSWERED BY  
NEAREST FRIEND

|   |   |   |                              |                      |        |          |  |
|---|---|---|------------------------------|----------------------|--------|----------|--|
| Died at <i>Eek Ridge</i>                                    |   | Town  |                              | County <i>Howard</i> |        | MARYLAND |  |
| Date of death <i>190</i>                                    | Month <i>June</i>                                       | Day <i>12</i>   | Age <i>41</i>                | Years                | Months | Days     |  |
| Sex <i>Male</i>   | Color or Race <i>White</i>                              |   | Birth-place <i>Baltimore</i> |                      |        |          |  |
| Occupation <i>Electr. Engineer</i>                          |   | Where Residing if not at place of death <i>Howard Co.</i> |                              |                      |        |          |  |
| Married, Single or Widowed <i>married</i>                   | Name of Wife or Husband <i>R. Virginia (Horgeweyff)</i> |   |                              |                      |        |          |  |
| Father's Name <i>Francis Donaldson</i>                      | Father's Birthplace <i>Balto</i>                        |   |                              |                      |        |          |  |
| Mother's Maiden Name <i>Elizabeth Winchester</i>            | Mother's Birthplace <i>"</i>                            |   |                              |                      |        |          |  |
| Name of person giving information <i>J. W. J. Donaldson</i> |   | How related to deceased <i>1st Cousin</i>                 |                              |                      |        |          |  |

## CAUSES OF DEATH

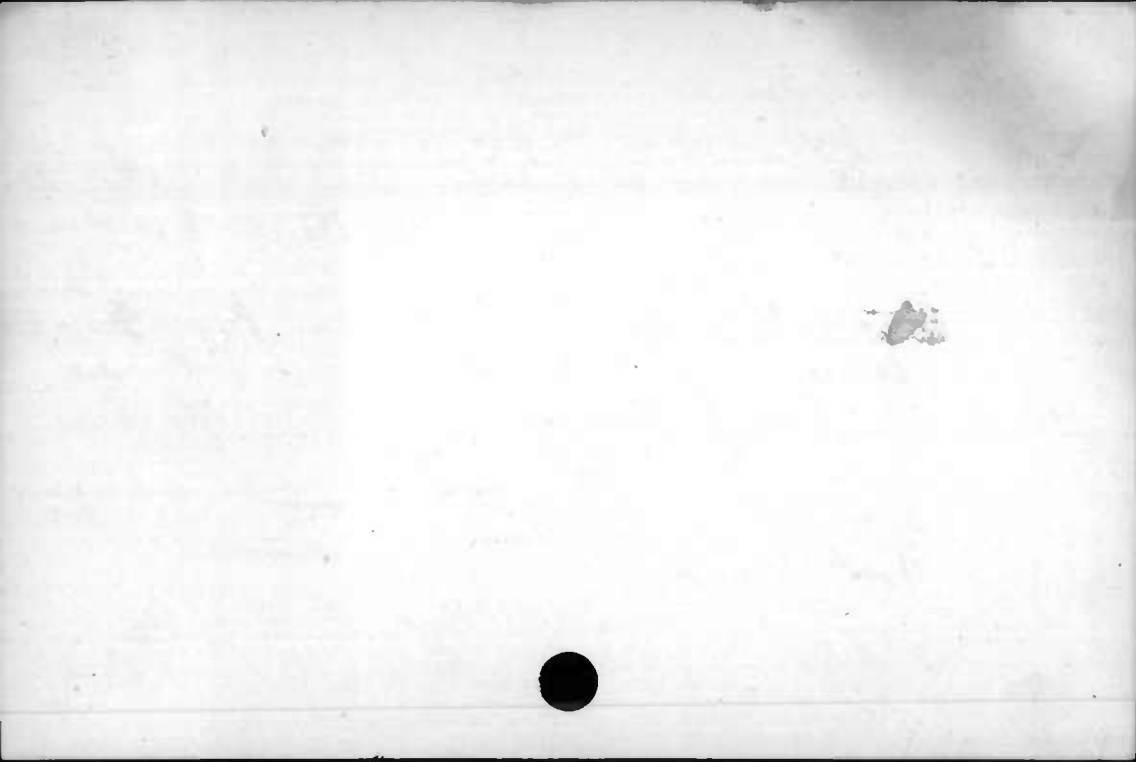
PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>Mitral Insufficiency</i>   | How long <i>30 yrs -</i>                      |
| Immediate <i>Chr. Hepatitis &amp; Ac. Nephritis</i>                             | How long <i>6 mos.</i>                        |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>M. R. Eareckson</i> |
|   | Address <i>Eek Ridge</i>                      |
| Accident or Suicide? <i></i>  |   |





|   |  |   |  |   |  |                              |  |
|---|--|---|--|---|--|------------------------------|--|
| Name<br>in<br>Full                                      |  | Elizabeth W Driver  |  |   |  | CERTIFICATE OF DEATH         |  |
| TO BE ANSWERED BY<br>NEAREST FRIEND                     |  | Died at <i>Mar Flossman</i>   |  | Town <i>Howard Co</i>                           |  | County                       |  |
|   |  | Date of death <i>1905</i>   |  | Month <i>June</i>                               |  | Day <i>6</i>                 |  |
|   |  | Age <i>34</i>   |  | Years   |  | Months                       |  |
|   |  | Sex <i>Female</i>   |  | Color or Race <i>white</i>                      |  | Birth-place <i>Howard Co</i> |  |
|   |  | Occupation <i>Housewife</i>   |  | Where Residing if not at place of death         |  |                              |  |
|   |  | Married, Single or Widowed <i>Married</i>                                       |  | Name of Wife or Husband <i>Charles W Driver</i> |  |                              |  |
| Father's Name <i>Randolph Day</i>                       |  | Father's Birthplace <i>Howard Co</i>  |  |   |  |                              |  |
| Mother's Maiden Name <i>Alberta Hanfield</i>            |  | Mother's Birthplace <i>Howard "</i>   |  |   |  |                              |  |
| Name of person giving information <i>Frank Hanfield</i> |  | How related to deceased <i>Uncle</i>  |  |   |  |                              |  |
| CAUSES OF DEATH   |  |   |  |   |  |                              |  |
| PHYSICIAN<br>OR CORONER                                 |  | Primary <i>Pulmonary Tuberculosis</i>   |  | How long <i>about 6 months</i>                  |  |                              |  |
|   |  | Immediate <i>Exhaustion from above disease</i>                                  |  | How long <i>-</i>                               |  |                              |  |
|   |  | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> |  | Signature of Physician <i>W H Dyson M.D.</i>    |  |                              |  |
|   |  |   |  | Address <i>Raytownville Ind</i>                 |  |                              |  |
|   |  | Accident or Suicide?  |  |   |  |                              |  |



not named

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> *Marriottsville*<sup>County</sup> *Howard*

MARYLAND

Date of death <sup>Month</sup> *June* <sup>Day</sup> *23*Age <sup>Years</sup> *died before Birth* <sup>Months</sup>  <sup>Days</sup> Sex *female*Color or Race *colored*Birthplace *Marriottsville*~~Occupation~~

Where Residing if not at place of death

*at its mother's home*

Married, Single or Widowed

Name of Wife or Husband

Father's Name *Percy Handy**S.*Father's Birthplace *Prince George Co Md*Mother's Maiden Name *Mary A Handy*Mother's Birthplace *Baltimore*Name of person giving information *Percy Handy*How related to deceased *Father*

## CAUSES OF DEATH

Primary *died before Birth*How long *S.*Immediate *not known*How long 

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

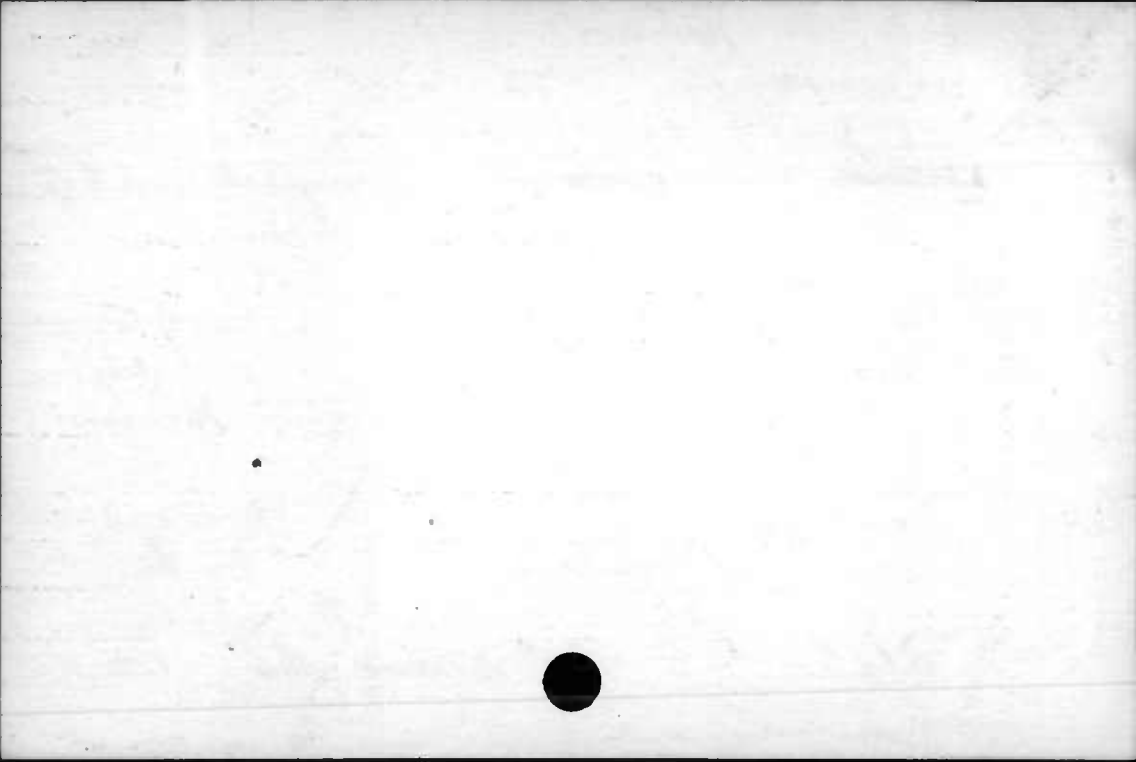
*Ben. F. Shipley**alpha*

Address

*Howard Co Md**71*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Mary, A. Handy

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> *Marriottsville*

County

*Howard*

MARYLAND

Date of death *1903* <sup>Month</sup> *June*

Day

*25*

Years

*21*

Age

Months

Days

Sex

*Female*  
~~Male~~Color or  
Race*colored*Birth-  
place*Baltimore City Md*

Occupation

Where Residing if not  
at place of death*on farm near  
Marriottsville*Married, ~~Single~~  
or WidowedName of Wife  
Husband*Percy Handy*Father's  
Name*Richard Wallace*Father's  
Birthplace*not known*Mother's  
Maiden Name*not known*Mother's  
Birthplace*Philadelphia*Name of person giving  
In formation*Percy Handy*How related  
to deceased*Husband*

## CAUSES OF DEATH

Primary

*Labar*

How long

*2 days*

Immediate

*uterine haemorrhage*

How long

*1/2 hr*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*Bert' F. Shipley*

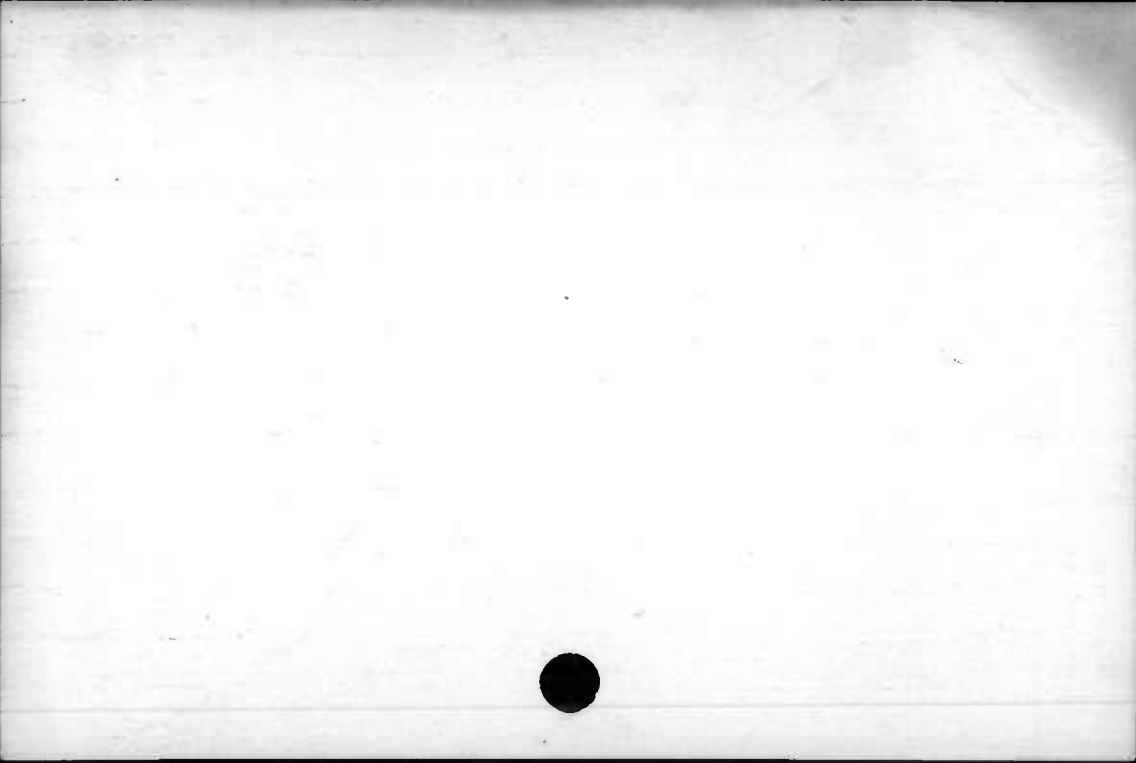
Address

*Howard Co Md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

9



Name  
in  
FullTwin #1. *Harv M*

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

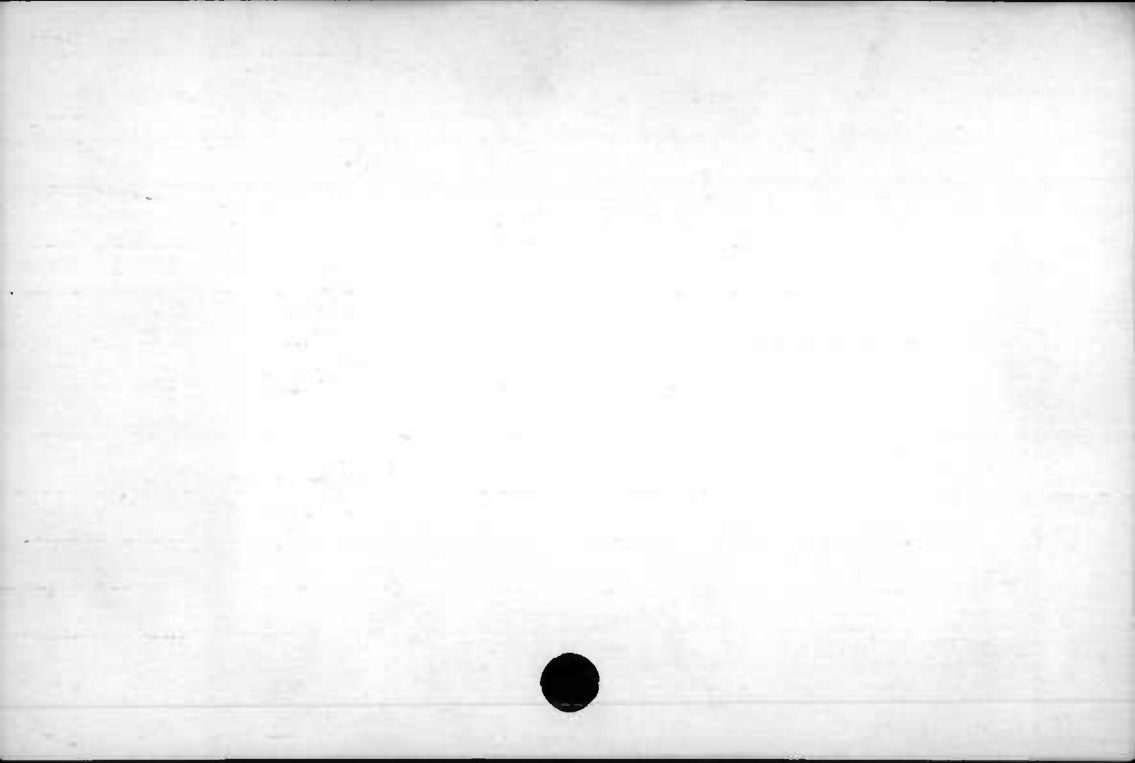
MARYLAND

|  |                            |                           |  |                      |                 |
|--|----------------------------|---------------------------|--|----------------------|-----------------|
| Died at <i>Ellicott City</i>                                   |                            | Town <i>Ellicott City</i> |  | County <i>Howard</i> |                 |
| Date of death  | <i>1906</i>                | Month <i>June</i>         | Day <i>11</i>                                    | Age <i>—</i>         | Years <i>—</i>  |
| Sex <i>Male (Twin)</i>   | Color or Race <i>white</i> |                           | Birth-place <i>Ellicott City</i>                 |                      | Months <i>—</i> |
| Occupation <i>—</i>  |                            |                           | Where Residing If not at place of death <i>—</i> |                      |                 |
| Married, Single or Widowed <i>—</i>                            |                            |                           | Name of Wife or Husband <i>—</i>                 |                      |                 |
| Father's Name <i>Elmer M. Harv</i>                             |                            |                           | Father's Birthplace <i>Alberston, Md</i>         |                      |                 |
| Mother's Maiden Name <i>Pauline J. Mayfield</i>                |                            |                           | Mother's Birthplace <i>Ellicott City</i>         |                      |                 |
| Name of person giving information <i>Mrs. J. Maud Gambrell</i> |                            |                           | How related to deceased <i>Aunt</i>              |                      |                 |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |   |
|---|---|
| Primary <i>Premature Birth</i>  | How long <i>—</i>                           |
| Immediate <i>—</i>  | How long <i>—</i>                           |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Wm B Gambrell</i> |
|   | Address <i>Alberston, Md</i>                |
| Accident or Suicide?  |   |





Name  
in  
Full

## CERTIFICATE OF DEATH

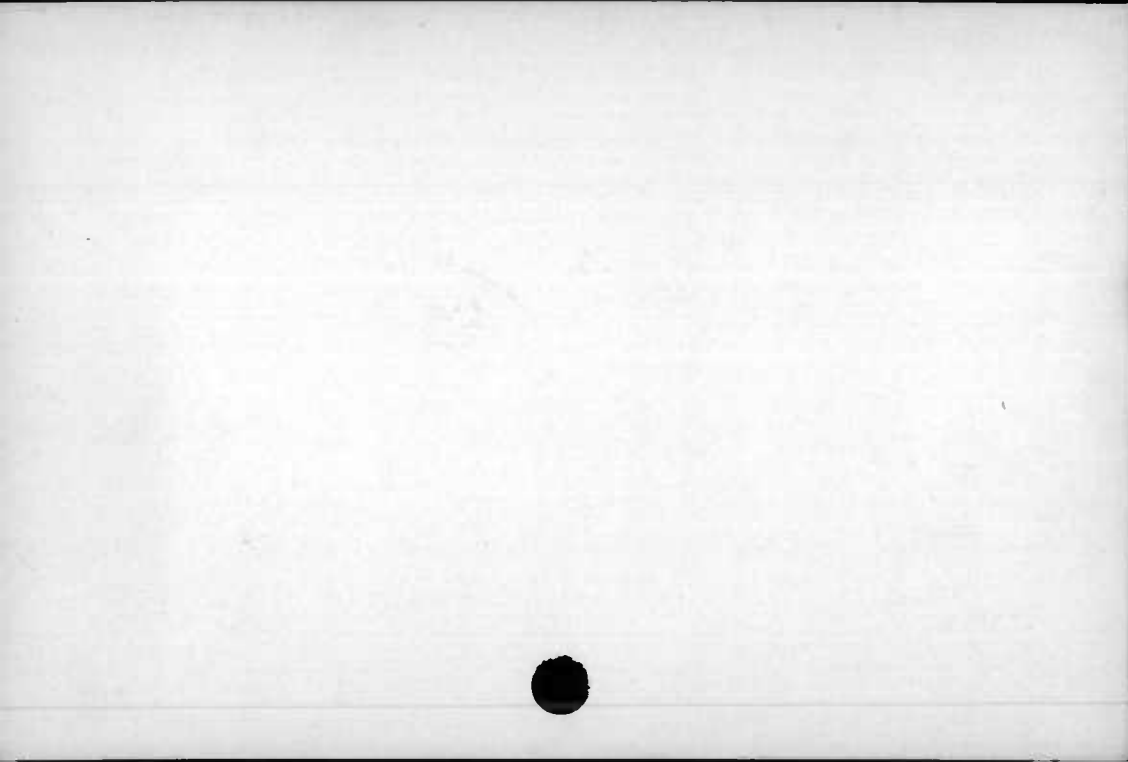
TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |                            |  |                                  |                |
|---|--|----------------------------|--|----------------------------------|----------------|
| Died at <i>Ellicott City</i> Town                               |  | <i>Howard</i> County       |  | MARYLAND                         |                |
| Date of death <i>1905</i>                                       |  | Month <i>June</i>          | Day <i>11</i>                                    | Age <i>—</i>                     | Years <i>—</i> |
| Sex <i>male</i>   |  | Color or Race <i>white</i> |  | Birth-place <i>Ellicott City</i> |                |
| Occupation <i>—</i>   |  |                            | Where Residing if not at place of death <i>—</i> |                                  |                |
| Married, Single or Widowed <i>—</i>                             |  |                            | Name of Wife or Husband <i>—</i>                 |                                  |                |
| Father's Name <i>Elmer M. Harris</i>                            |  |                            | Father's Birthplace <i>Alberton Md</i>           |                                  |                |
| Mother's Maiden Name <i>Pauline J. Mayfield</i>                 |  |                            | Mother's Birthplace <i>Ellicott City</i>         |                                  |                |
| Name of person giving information <i>Mrs. J. Mont. Gambrick</i> |  |                            | How related to deceased <i>Aunts</i>             |                                  |                |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |   |
|---|--|---|
| Primary <i>Premature Birth</i>  |  | How long                                      |
| Immediate   |  | How long                                      |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> |  | Signature of Physician <i>Wm. B. Gambrick</i> |
|   |  | Address <i>Alberton. Md.</i>                  |
| Accident or Suicide?  |  |   |



Name In Full

Certificate of Death

*Henrietta Hawkins*  
 Town *Guilford* County *Harvard*

Died at

MARYLAND

Date 1905- *June 24* Month *June* Day *24* Age *65* Y. M. D. Native of *Ind.* Occupation *Housewife*  
☒ Male ☐ White ☐ Married ☐ Widow ☐ Divorced  
☐ Female ☐ Colored ☒ Single ☐ Widower Number of children living *not known*

Husband of *Nicholas Hawkins*  
 Wife *Nicholas Hawkins*  
 Father's Name *Ben Thomas* Mother's Maiden Name *Lorah Thomas*

Cause of Death { Primary *Dropsy* How long sick *3 or 4 years*  
 Immediate *Heart failure* Accident, Suicide, Homicide

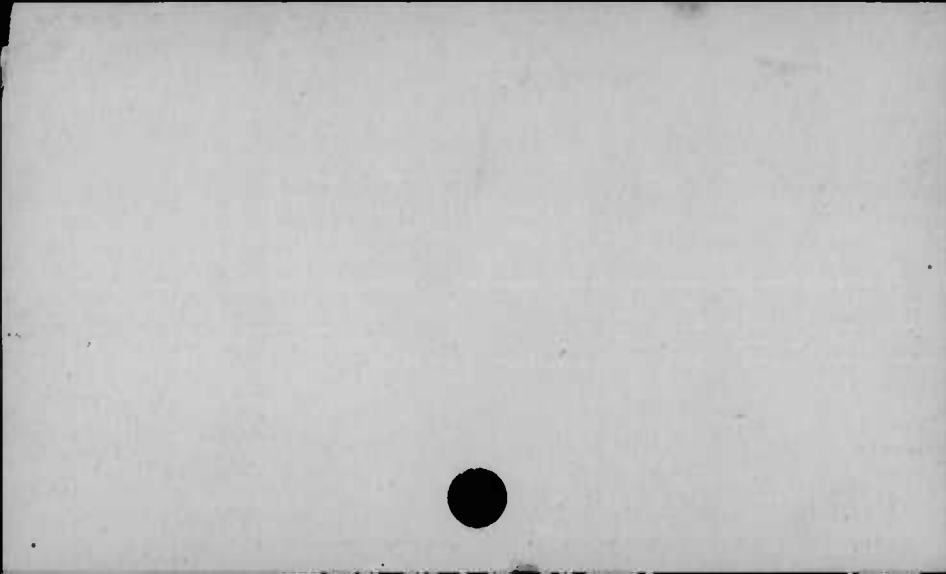
Reported by *Nicholas Hawkins*

Address

*Wm. F. Whipple*  
*civil register*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

Lucretia Hill

## CERTIFICATE OF DEATH

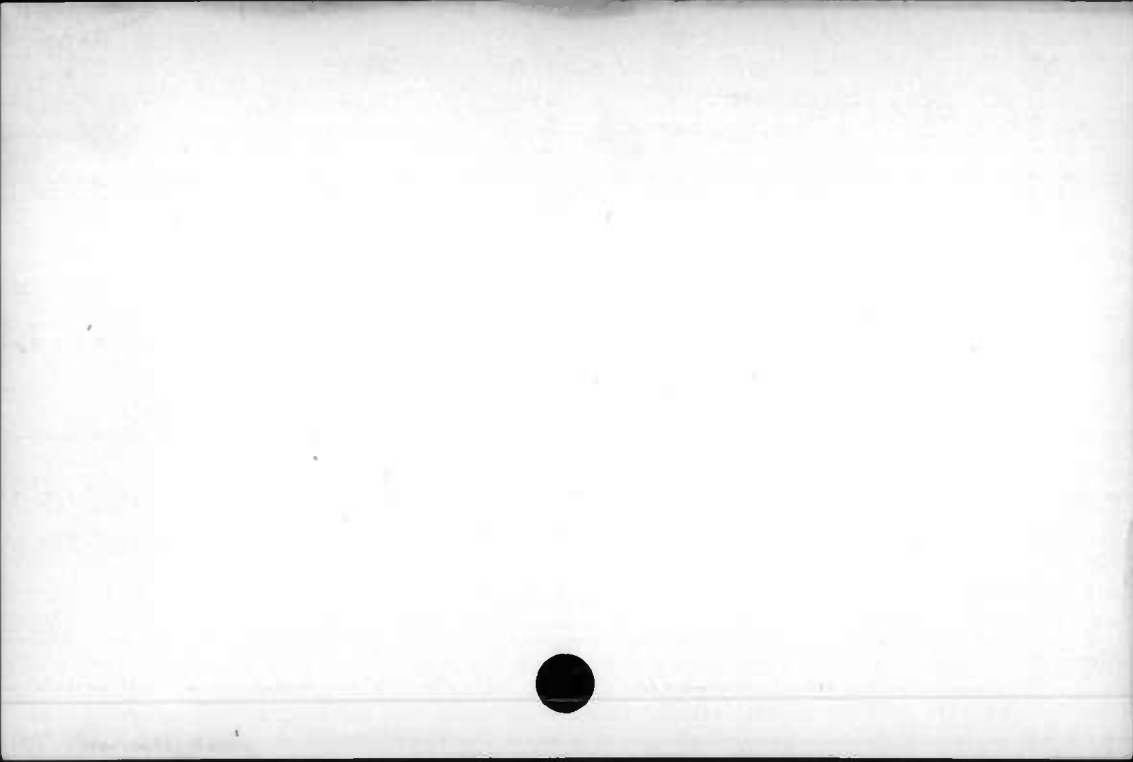
TO BE ANSWERED BY  
NEAREST FRIEND

|   |                           |                |                             |   |        |          |  |
|---|---------------------------|----------------|-----------------------------|---|--------|----------|--|
| Died at   |                           | Town<br>Dayton |                             | County<br>Howard                        |        | MARYLAND |  |
| Date<br>of death 190                                  | Month<br>June             | Day            | Age                         | Years                                   | Months | Days     |  |
| Sex<br>Female   | Color or<br>Race<br>White |                | Birth-<br>place<br>Maryland |   |        |          |  |
| Married, Single<br>or Widowed<br>Widow                | Occupation<br>None        |                |                             |   |        |          |  |
| Name of Wife or<br>Husband<br>John Hill               |                           |                |                             |   |        |          |  |
| Father's<br>Name<br>George Thompson                   |                           |                |                             | Father's<br>Birthplace<br>Ind           |        |          |  |
| Mother's<br>Maiden Name<br>Mahaley Blount             |                           |                |                             | Mother's<br>Birthplace<br>Ind           |        |          |  |
| Name of person giving<br>Information<br>S. A. Nichols |                           |                |                             | How related<br>to deceased<br>Physician |        |          |  |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |                 |                           |               |
|---|-----------------|---------------------------|---------------|
| Primary   | Accidental Fall | How long                  | 3 years       |
| Immediate   | Exhaustion      | How long                  |               |
| Are the name, age, sex, color, date<br>and place correctly given above? | Yes             | Signature of<br>Physician | S. A. Nichols |
|   |                 | Address                   | Dayton Ind    |
| Accident or Suicide?  |                 |                           |               |



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

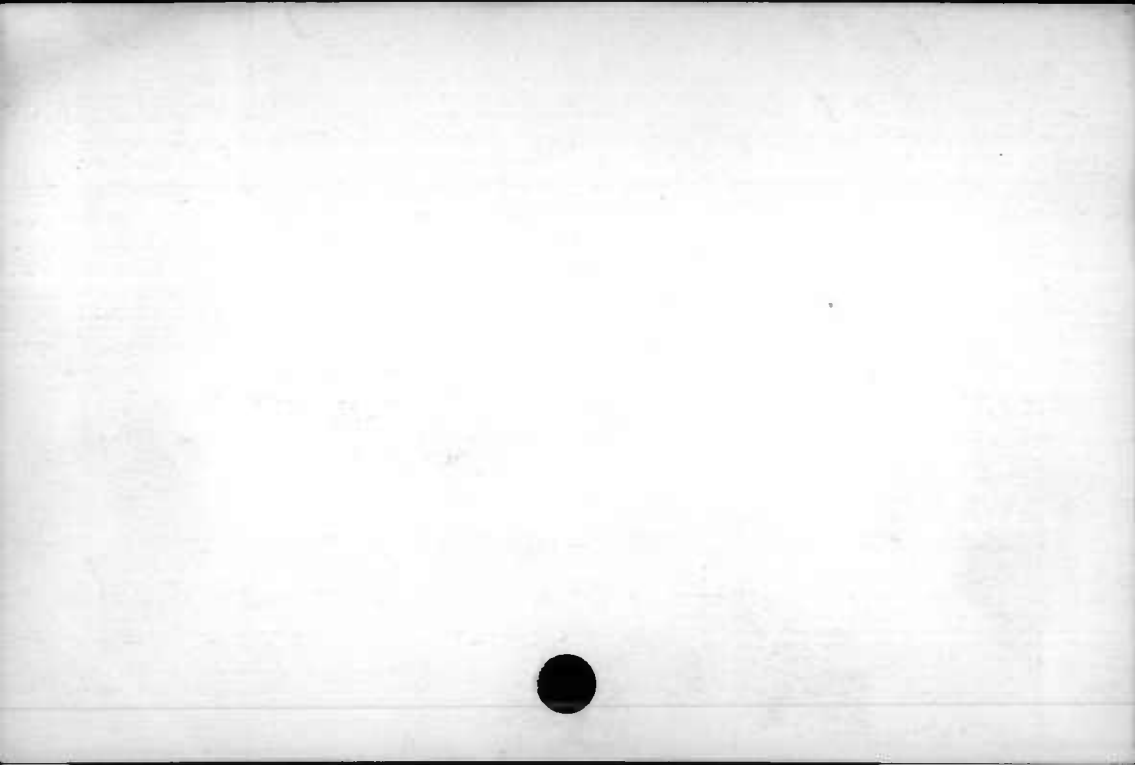
CERTIFICATE OF DEATH

MARYLAND

|   |  |  |  |                              |  |
|---|--|--|--|------------------------------|--|
| Name<br>in Full<br><i>Helien Margarite Little</i>                 |  | Town<br><i>near Ellicott City</i>                          |  | County<br><i>Howard</i>      |  |
| Died at<br><i>near Ellicott City</i>                              |  | Month<br><i>June</i>                                       |  | Day<br><i>5</i>              |  |
| Date<br>of death<br><i>1905</i>                                   |  | Age<br><i>5</i>  |  | Years<br><i>5</i>            |  |
| Sex<br><i>Female</i>  |  | Color or<br>Race<br><i>White</i>                           |  | Birth-<br>place<br><i>md</i> |  |
| Occupation<br><i>_____</i>  |  | Where Residing if not<br>at place of death<br><i>_____</i> |  |                              |  |
| Married, Single<br>or Widowed<br><i>Single</i>                    |  | Name of Wife or<br>Husband<br><i>_____</i>                 |  |                              |  |
| Father's<br>Name<br><i>Ephriam N. Little</i>                      |  | Father's<br>Birthplace<br><i>md.</i>                       |  |                              |  |
| Mother's<br>Maiden Name<br><i>Margaret E. Bolton</i>              |  | Mother's<br>Birthplace<br><i>md</i>                        |  |                              |  |
| Name of person giving<br>In formation<br><i>Margaret E Little</i> |  | How related<br>to deceased<br><i>Mother</i>                |  |                              |  |

CAUSES OF DEATH

|   |   |
|---|---|
| Primary<br><i>Rheumatism</i>  | How long<br><i>3 yrs</i>                        |
| Immediate<br><i>Heart trouble</i>   | How long<br><i>2 weeks</i>                      |
| Are the name, age, sex, color, date<br>and place correctly given above?<br><i>yes</i> | Signature of<br>Physician<br><i>W B Orrings</i> |
|   | Address<br><i>Ellicott City</i>                 |
| Accident or Suicide?<br><i>_____</i>  |   |





Name  
is  
Full

James Maynard Neal

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                      |              |                |                            |  |       |                            |           |
|--------------------------------------|--------------|----------------|----------------------------|--|-------|----------------------------|-----------|
| Died at                              |              | Town<br>Savage |                            | County<br>Howard                                     |       | MARYLAND                   |           |
| Date<br>of death                     | 1905         | Month<br>6     | Day<br>10                  | Age  | Years | Months<br>1                | Days<br>3 |
| Sex                                  | male         |                | Color or<br>Race           | white  |       | Birth-<br>place            | Savage    |
| Occupation                           | Infant       |                |                            | Where Residing if not<br>at place of death<br>Savage |       |                            |           |
| Married, Single<br>or Widowed        | single       |                | Name of Wife or<br>Husband |  |       |                            |           |
| Father's<br>Name                     | John Neal    |                |                            |  |       | Father's<br>Birthplace     | MD        |
| Mother's<br>Maiden Name              | Susie Howard |                |                            |  |       | Mother's<br>Birthplace     | MD        |
| Name of person giving<br>Information | Susie Neal   |                |                            |  |       | How related<br>to deceased | mother    |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |                    |  |                           |            |
|---|--------------------|--|---------------------------|------------|
| Primary   | Multiple Abscesses |  | How long                  | 2 weeks    |
| Immediate   | convulsion         |  | How long                  | 2 days     |
| Are the name, age, sex, color, date<br>and place correctly given above? | yes                |  | Signature of<br>Physician | Whitman MD |
|   |                    |  | Address                   | Savage     |
| Accident or Suicide?  | within             |  |                           | MD         |

William W. Hays

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

*Ham Nelson*  
*near Glenwood*

County

*Harrison*

MARYLAND

Date

of death *1905*

Month

*June*

Day

*26*

Age

*2 mos*

Months

*2 mos*

Days

Sex

*Boy*

Color of  
Race

Birth-  
place

*Daring*

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

*Harry Nelson*

Father's  
Birthplace

*Horton Co*

Mother's  
Maiden Name

*Walter Robinson*

Mother's  
Birthplace

*Horton Co*

Name of person giving  
information

*Thos Braddock*

How related  
to deceased

*half sister*

CAUSES OF DEATH

Primary

*Always Delicate*

How long

*15*  
flowing

Immediate

*Failing Vital Powers*

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

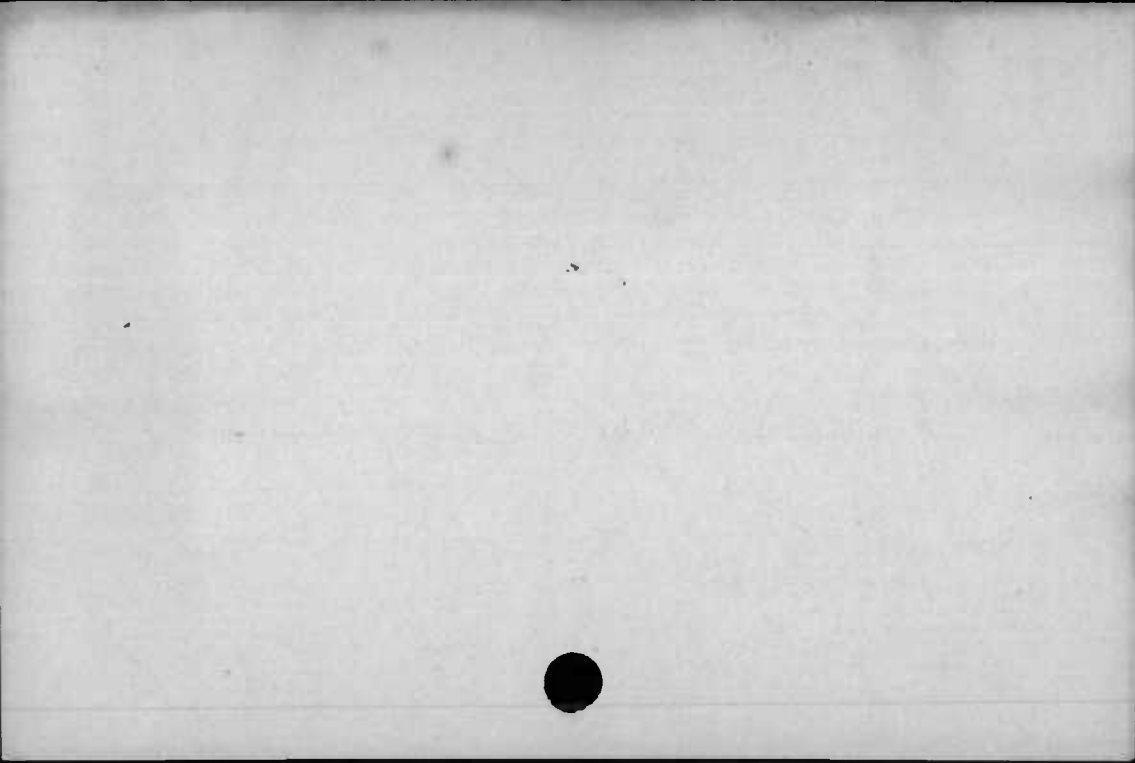
*Thos Braddock*

Address

*Glenwood*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

William Palmer

CERTIFICATE OF DEATH

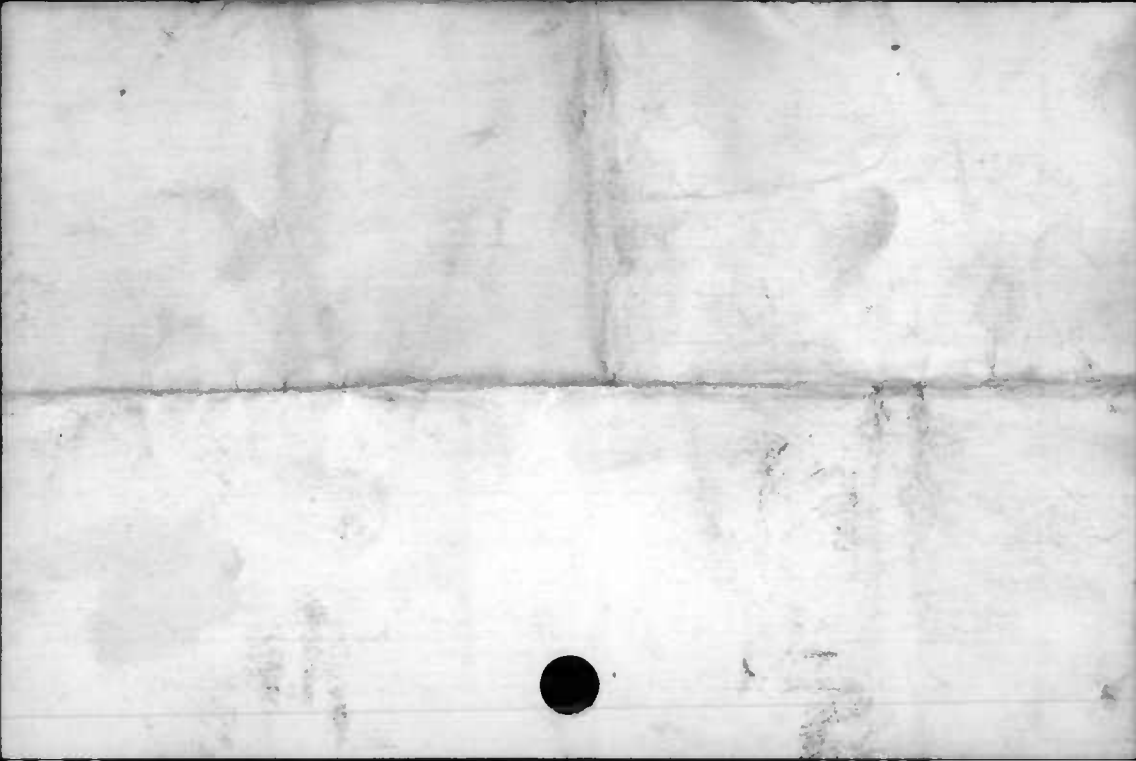
TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |  |                     |   |      |
|---|--|--|---------------------|---|------|
| Died at <u>Frederick</u> Town                           |  | <u>Horton</u> County   |                     | MARYLAND                                  |      |
| Date of death <u>1905</u> <u>June</u> Month             |  | <u>27</u> Day  | Age <u>60</u> Years | Months                                    | Days |
| Sex <u>male</u>   |  | Color or Race <u>black</u>                                       |                     | Birth-place <u>Frederick Co.</u>          |      |
| Occupation <u>Laborer on farm</u>                       |  | Where Residing if not at place of death <u>at place of death</u> |                     |   |      |
| Married, Single or Widowed <u>widow</u>                 |  | Name of Wife or Husband  |                     |   |      |
| Father's Name   |  |  |                     | Father's Birthplace                       |      |
| Mother's Maiden Name                                    |  |  |                     | Mother's Birthplace                       |      |
| Name of person giving information <u>William Palmer</u> |  |  |                     | How related to deceased <u>not at all</u> |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |  |
|---|--|
| Primary <u>Parenchymatous Nephritis</u>   | How long <u>17</u> <u>19</u>               |
| Immediate <u>Uræmia</u>   | How long <u>2 weeks</u>                    |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>J. H. Bishop</u> |
|   | Address <u>Frederick</u>                   |
| Accident or Suicide?  |  |



Name  
in  
Full

Alice Shields

CERTIFICATE OF DEATH

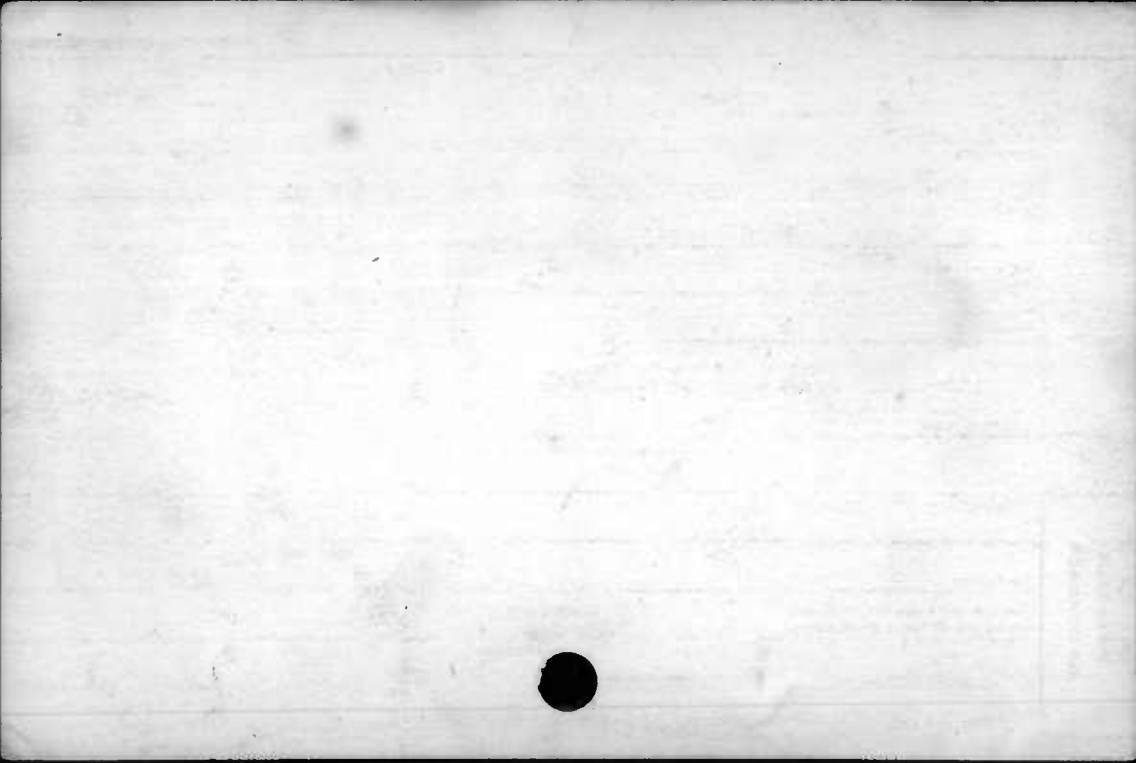
TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |                   |   |  |  |                                     |  |               |
|---|--|-------------------|---|--|--|-------------------------------------|--|---------------|
| Died at <i>Dayton</i> Town                              |  |                   | County <i>Howard</i>  |  |  | MARYLAND                            |  |               |
| Date of death <i>1906</i>                               |  | Month <i>June</i> | Day <i>22</i>   | Age - <i>60</i> Years                            |  | Months <i>—</i>                     |  | Days <i>—</i> |
| Sex <i>Female</i>                                       |  |                   | Color or Race <i>Black</i>                                  |  |  | Birth-place <i>Maryland</i>         |  |               |
| Occupation <i>Housework</i>                             |  |                   |   | Where Residing if not at place of death <i>—</i> |  |                                     |  |               |
| Married, Single or Widowed <i>Married</i>               |  |                   | Name of <del>Wife</del> or Husband <i>Frederick Shields</i> |  |  |                                     |  |               |
| Father's Name <i>—</i>                                  |  |                   |   |  |  | Father's Birthplace <i>—</i>        |  |               |
| Mother's Maiden Name <i>—</i>                           |  |                   |   |  |  | Mother's Birthplace <i>—</i>        |  |               |
| Name of person giving information <i>Aaron Boardley</i> |  |                   |   |  |  | How related to deceased <i>None</i> |  |               |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|   |                         |  |
|---|-------------------------|--|
| Primary   | <i>Arteriosclerosis</i> | <i>48</i> How long <i>4 years</i>              |
| Immediate   | <i>Heart Weakness</i>   | How long <i>6 months</i>                       |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> |                         | Signature of Physician <i>W. W. Skibbe Jr.</i> |
|   |                         | Address <i>Islandly Howard Co. Maryland</i>    |
| Accident or Suicide? <i>—</i>   |                         |  |





Name  
in  
Full

George Thomas (see Wm Thomas) m/f

CERTIFICATE OF DEATH

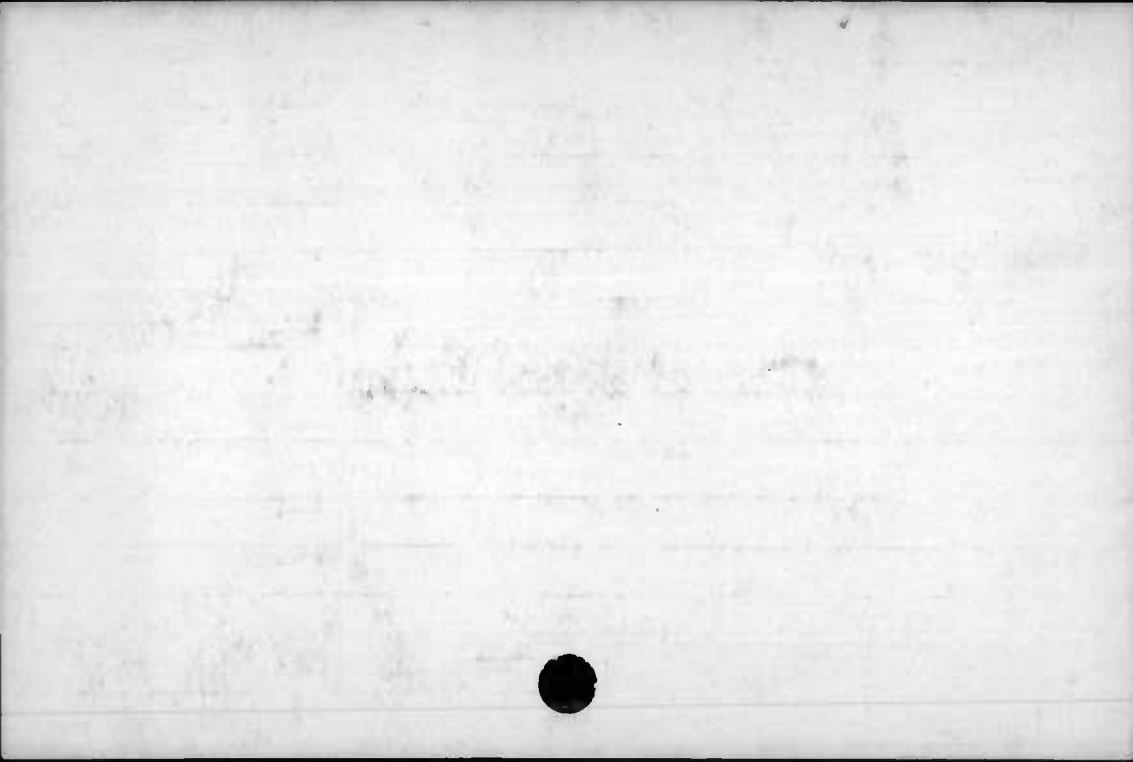
TO BE ANSWERED BY  
NEAREST FRIEND

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| Died at <i>West Friendship</i> <sup>Town</sup>                                 |  | <i>Howard</i> <sup>County</sup>               |  | MARYLAND  |  |
| Date of death <i>1906</i> <sup>Month</sup> <i>June</i> <sup>Day</sup> <i>6</i> |  | Age <i>still born</i> <sup>Years</sup>        |  | <i>still born</i> <sup>Months</sup> <sup>Days</sup> |  |
| Sex <i>male</i>  |  | Color or Race <i>coloured</i>                 |  | Birth-place <i>Maryland</i>                         |  |
| Occupation _____   |  | Where Residing if not at place of death _____ |  |   |  |
| Married, Single or Widowed _____   |  | Name of Wife or Husband _____                 |  |   |  |
| Father's Name <i>Solomon Thomas</i>  |  | Father's Birthplace <i>Maryland</i>           |  |   |  |
| Mother's Maiden Name <i>Margaret Groom</i>                                     |  | Mother's Birthplace <i>Maryland</i>           |  |   |  |
| Name of person giving Information <i>Solomon Thomas</i>                        |  | How related to deceased <i>Father</i>         |  |   |  |

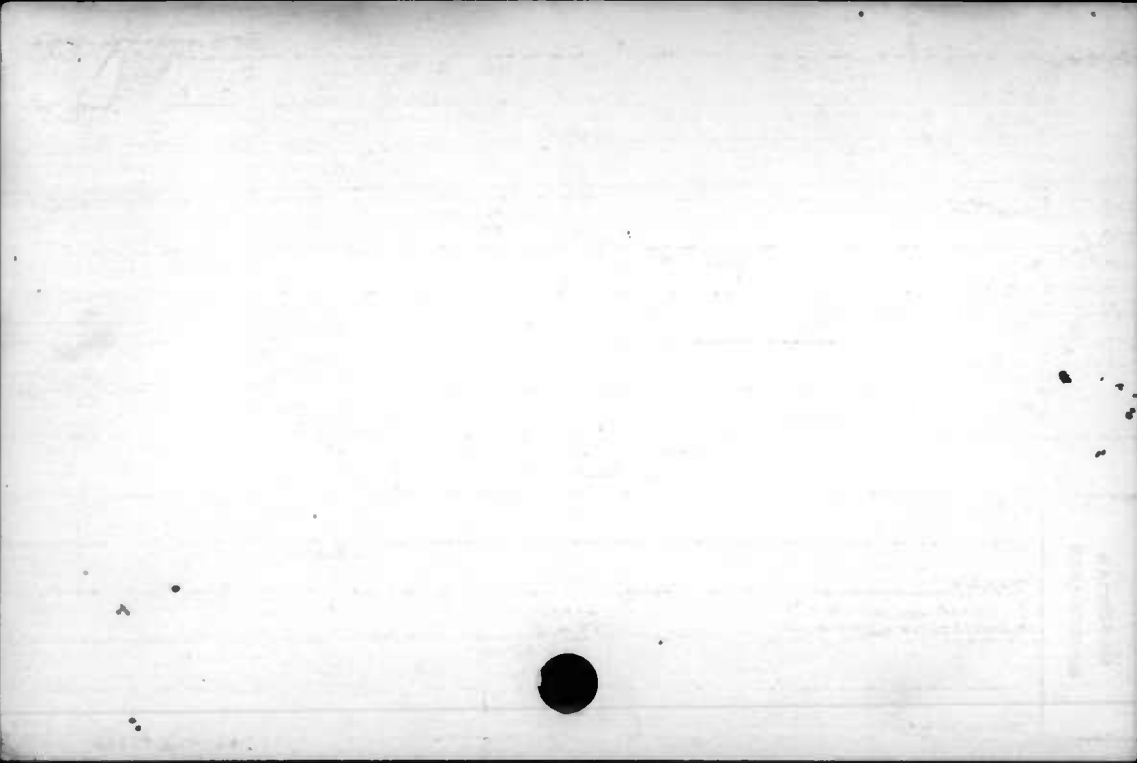
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

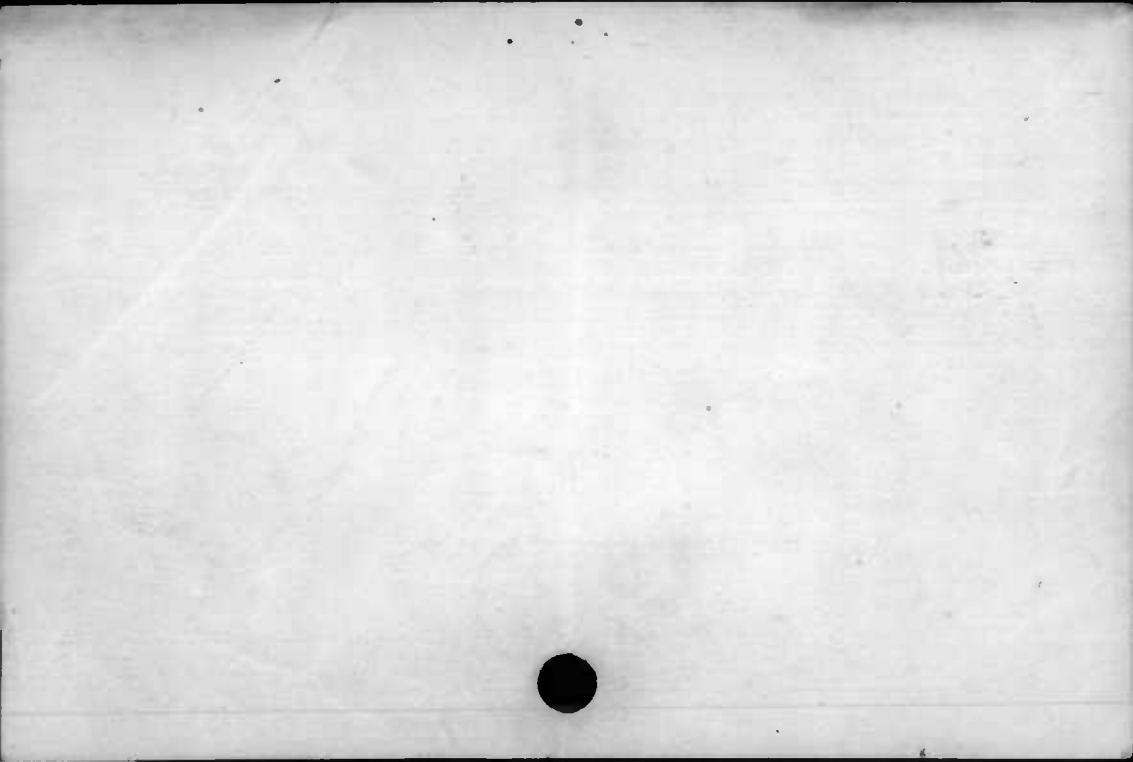
|  |                   |  |          |
|--|-------------------|--|----------|
| Primary  | <i>Still born</i> | How long                                       |          |
| Immediate  |                   | How long                                       | <i>X</i> |
| Are the name, age, sex, color, date and place correctly given above? |                   | Signature of Physician <i>John W. Webb Jr.</i> |          |
|  |                   | Address <i>West Friendship Howard Co.</i>      |          |
| Accident or Suicide?   |                   |  |          |



| Name<br>in<br>Full   |                                   | George and William Thomas - William Thomas |                                |   |   | CERTIFICATE OF DEATH<br><i>M.P.</i> |                          |  |
|--|-----------------------------------|--|--------------------------------|---|---|-------------------------------------|--------------------------|--|
| TO BE ANSWERED BY<br>NEAREST FRIEND  | Died at                           |  | Town<br><i>West Friendship</i> |   | County<br><i>Howard</i>                 |                                     | State<br><b>MARYLAND</b> |  |
|  | Date of death                     |  | Month                          | Day   | Years                                   | Months                              | Days                     |  |
|  | 1905                              |  | June                           | 6   |   |                                     |                          |  |
|  | Sex                               |  | Color or Race                  |   | Birth-place                             |                                     |                          |  |
|  | Male                              |  | Colord -                       |   | Maryland                                |                                     |                          |  |
|  | Occupation                        |  |                                |   | Where Residing if not at place of death |                                     |                          |  |
|  |                                   |  |                                |   |   |                                     |                          |  |
| TO BE ANSWERED BY<br>NEAREST FRIEND  | Married, Single or Widowed        |  | Name of Wife or Husband        |   |   |                                     |                          |  |
|  |                                   |  |                                |   |   |                                     |                          |  |
|  | Father's Name                     |  | Solomon Thomas                 |   | Father's Birthplace                     |                                     | Maryland                 |  |
|  | Mother's Maiden Name              |  | Margaret Brown                 |   | Mother's Birthplace                     |                                     | Maryland                 |  |
|  | Name of person giving information |  | Solomon Thomas                 |   | How related to deceased                 |                                     | Father                   |  |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;">CAUSES OF DEATH</div> |                                   |  |                                |   |   |                                     |                          |  |
| PHYSICIAN<br>OR CORONER  | Primary                           |  |                                |   | How long                                |                                     |                          |  |
|  | 1st child still born -            |  |                                |   |   |                                     |                          |  |
|  | Immediate 2nd child. Weakness     |  |                                |   | How long                                |                                     |                          |  |
|  |                                   |  |                                |   |   |                                     |                          |  |
| Are the name, age, sex, color, date and place correctly given above?                             |                                   |  |                                | Signature of Physician  |   |                                     |                          |  |
|  |                                   |  |                                | Address   |   |                                     |                          |  |
|  |                                   |  |                                | <i>Howard</i><br><i>West Friendship</i><br><i>Howard County</i> |   |                                     |                          |  |
| Accident or Suicide?   |                                   |  |                                |   |   |                                     |                          |  |



| Name<br>in<br>Full                  |  | Certificate of Death  |  |  |                       |   |  |
|-------------------------------------|--|---|--|--|-----------------------|---|--|
| TO BE ANSWERED BY<br>NEAREST FRIEND |  | Died at <i>man</i> <sup>Town</sup> <i>Griffith</i>                              |  | <sup>County</sup> <i>Howard</i>                            |                       |   |  |
|                                     |  | Date of death <i>1905</i>   |  | Month <i>6</i>   | Day <i>26</i>         | Age Years <i>5</i> Months <i>5</i> Days |  |
|                                     |  | Sex <i>male</i>   |  | Color or Race <i>white</i>                                 | Birth-place <i>md</i> |   |  |
|                                     |  | Occupation <i>Infant</i>  |  | Where Residing if not at place of death <i>at his home</i> |                       |   |  |
|                                     |  | Married, Single or Widowed <i>single</i>  |  | Name of Wife or Husband _____                              |                       |   |  |
|                                     |  | Father's Name <i>Mr. N. Whuler</i>  |  | Father's Birthplace <i>md</i>                              |                       |   |  |
|                                     |  | Mother's Maiden Name <i>Annie Wilson</i>  |  | Mother's Birthplace <i>md</i>                              |                       |   |  |
|                                     |  | Name of person giving information <i>Phemie Whuler</i>                          |  | How related to deceased <i>Sister</i>                      |                       |   |  |
| CAUSES OF DEATH                     |  |   |  |  |                       |   |  |
| PHYSICIAN<br>OR CORONER             |  | Primary <i>Cholera Infantum</i>   |  | How long <i>2 days</i>                                     |                       |   |  |
|                                     |  | Immediate <i>Exhaustion</i>   |  | How long <i>1 day</i>                                      |                       |   |  |
|                                     |  | Are the name, age, sex, color, date and place correctly given above? <i>yes</i> |  | Signature of Physician <i>W. H. ... md</i>                 |                       |   |  |
|                                     |  | Accident or Suicide? <i>within</i>  |  | Address <i>Savage md</i>                                   |                       |   |  |



Name  
in  
Full

Rebecca Angelica White

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Elchester <sup>County</sup> Howard

Date of death 18<sup>th</sup> 1905 Month June Day Sunday Age 80 Years Months 4 Days 6

Sex Female Color or Race White Birth-place Anne Arundel

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband Charles Bridgely White

Father's Name Horace W. Waters Father's Birthplace Baltimore

Mother's Maiden Name Almeda Robinson Mother's Birthplace Baltimore

Name of person giving information Percilla R. Morrison How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary scuti indigestion How long 1 week

Immediate Prognosis heart Failure How long 2 hours

Are the name, age, sex, color, date and place correctly given above? Signature of Physician Chas Macgill

Address Calonsville

Accident or Suicide? M

6



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Mary Williams

## CERTIFICATE OF DEATH

MARYLAND

Died at Mayfield

Howard County

Date of death 1905 June

Day 23

Age 18 Years

Months

Days

Sex Female

Color or  
Race

Colored

Birth-  
place

Howard Co

Occupation

Cook

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Benjamin Williams

Father's  
Birthplace

Howard

Mother's  
Maiden Name

Teresa Williams

Mother's  
Birthplace

"

Name of person giving  
in formation

Frank Washington

How related  
to deceased

No-

## CAUSES OF DEATH

Primary

Consumption

How long

4 months

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Dr. J. W. Helt, Sr.

Address

West Friendship

Accident or Suicide?

Howard Co. Md.

